

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90067 026 \*\*\*150.00

**DOCUMENT # S34430**

1. Entity Name

**PORT EVERGLADES PASSENGER SERVICES, INC.**

Principal Place of Business

Mailing Address

6235-4 BAY CLUB DRIVE  
FORT LAUDERDALE FL 33308

P.O. BOX 165161  
FORT LAUDERDALE FL 33316-5161  
US

2. Principal Place of Business

3. Mailing Address

619 SW 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33315

USA

4. FEI Number

65-0250899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUBERTH, CONRAD  
6235-4 BAY CLUB DRIVE  
FORT LAUDERDALE FL 33308

Name

Eugene Schuberth

Street Address (P.O. Box Number is Not Acceptable)

619 SW 17th Street

City

Ft. Lauderdale

FL

Zip Code

33315

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X Eugene D. Schuberth

Signature, type or printed name of registered agent and title if applicable.

Eugene D. Schuberth

(NOTE: Registered Agent signature required when reinstating)

3/7/00

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SCHUBERTH, REBECCA  
STREET ADDRESS 6235-4 BAY CLUB DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☒ Delete

TITLE PD  
NAME Schuberth, Maria  
STREET ADDRESS 619 SW 17th Street  
CITY-ST-ZIP Ft. Lauderdale, FL 33315 ☐ Change ☒ Addition

TITLE STD  
NAME SCHUBERTH, CONRAD  
STREET ADDRESS 6235-4 BAY CLUB DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☒ Delete

TITLE VP  
NAME SCHUBERTH, VIOLA  
STREET ADDRESS 7704 FALL CLIFF RD.  
CITY-ST-ZIP LAS VEGAS, NV 89149 ☐ Change ☒ Addition

TITLE VP  
NAME SCHUBERTH, EUGENE  
STREET ADDRESS 619 SW 17TH STREET  
CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Delete

TITLE STD  
NAME Schuberth, Eugene  
STREET ADDRESS 619 SW 17th Street  
CITY-ST-ZIP Ft. Lauderdale, FL 33315 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria D. Schuberth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00 954-462-3130

CR2E034 (9/99)